

**Regional School District #10
REVERSE INTEGRATION PRE-SCHOOL APPLICATION
2010 - 2011**

Name of Student: _____ **Gender:** _____ **Date of Birth:** ____/____/____
Last First Middle

Student's Address: _____ **Phone:** _____ **Birthplace:** _____
Street Town Zip Home

_____ **Name** **Place of employment, business telephone**

Father: _____

Mother: _____

Step-parent: _____

Guardian: _____

Parent's marital status: _____ **with whom does the child live?** _____

Siblings' Names	Gender	Date of Birth	Grade	School/Place of Employment

1. What is the main language spoken in the home? _____

2. Has your child received any Birth to Three services? _____

3. Has your child attended a preschool program? _____

4. Has your child participated in any community-based activities? _____
 (Partners in Literacy, Sunday School, Library, Tumble Bunnies, etc.)